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DATE NOTICE SENT TO ALL PARTIES: May/26/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: repeat lumbar medial branch block at L4-L5 and L5-S1 level (2nd)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified Orthopedic Surgery

REVIEW OUTCOME: Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for <u>each</u> health care service in dispute. It is the opinion of this reviewer that the request for repeat lumbar medial branch block at L4-L5 and L5-S1 level (2nd) is not indicated as medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who reported an injury to his low back as a result of loading buckets onto a rack. The MRI of the lumbar spine dated 01/06/15 revealed an exaggerated lordosis of the lower lumbar spine, specifically at L4-5. Disc dehydration was identified at T11-12, L2-3, L3-4, L4-5, and L5-S1. Annular and disc bulges with a disc protrusion were identified at multiple levels. Central canal stenosis was also identified at L4-5. The clinical note dated 01/21/15 indicates the patient complaining of ongoing low back pain, primarily on the right. The note indicates the patient having completed 10 physical therapy sessions to date. The note also indicates the patient having been utilizing extra-strength Tylenol, Flexeril, and Naproxen for pain relief. No range of motion deficits were identified in the lower extremities. Extension with right lateral flexion increased the patient's low back pain, specifically over the right iliolumbar region. The procedural note dated 02/06/15 indicates the patient having undergone a Depomedrol injection on the right at the L4-5 and L5-S1 facets. The clinical note dated 03/17/15 indicates the patient continuing with complaints of low back pain. The note indicates the patient having been prescribed the use of Hydrocodone for ongoing pain relief. The patient did report diminished pain following the most recent injection. The note indicates the patient experiencing right sided L5 dermatomal dysesthesia. The note indicates the patient ambulating with an assistive device at that time. The clinical note dated 04/02/15 indicates the patient complaining of worsening symptoms, specifically over the right side of the L4-5 and L5-S1 facets. The patient stated the symptoms are worse each morning. The clinical note dated 04/16/15 indicates the patient continuing with the use of Naproxen and Cyclobenzaprine. The note indicates the patient being recommended for a facet injection at L4-5 and L5-S1.

The utilization reviews dated 03/11/15 and 03/25/15 resulted in denials for facet injections as insufficient information had been submitted confirming the medical necessity for the proposed procedure.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The documentation indicates the patient complaining of ongoing low back pain. Facet injections are indicated in the lumbar region provided the patient meets specific criteria to include the patient is continuing with low back pain that is non-radicular in nature following the completion of all conservative therapies. There is an indication the patient has completed a full course of conservative treatment to include 9 physical therapy sessions to date. However, the previous clinical notes indicate the patient having previously undergone a diagnostic medial branch block in the lumbar region with a 50% reduction in pain. Repeat diagnostic blocks are not indicated without the presence of exceptional factors. No exceptional factors were identified in the submitted clinical documentation confirming the need for a 2nd diagnostic medial branch block. Given this factor, it is the opinion of this reviewer that the request for repeat lumbar medial branch block at L4-L5 and L5-S1 level (2^{nd}) is not indicated as medically necessary and the prior denials are upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

[ ] ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

[ ] AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

[ ] DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

[ ] EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

[ ] INTERQUAL CRITERIA

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

[ ] PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

[ ] TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

[ ] TEXAS TACADA GUIDELINES

[ ] TMF SCREENING CRITERIA MANUAL

[ ] PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

[ ] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)